

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10/560826* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3			1				
4			3				
5			3				
6			1				
7			1				
8			1				
9			1				
10			1				
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TOTAL IND.		↓	2	↓		↓	
TOTAL DEP.	←		JS	←		←	
TOTAL CLAIMS			2				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.		↓			↓		
TOTAL DEP.	←		←	←	←	←	
TOTAL CLAIMS			2				